

Joint Reporting  
Committee

- Equal Employment  
Opportunity Com-  
mission
- Office of Federal  
Contract Compli-  
ance Programs (Labor)

# EQUAL EMPLOYMENT OPPORTUNITY

## EMPLOYER INFORMATION REPORT EEO-1

Standard Form 100  
(Rev. 4-92)  
O.M.B. No. 3046-0007  
EXPIRES 12/31/93  
100-213

### Section A—TYPE OF REPORT

Refer to instructions for number and types of reports to be filed.

1. Indicate by marking in the appropriate box the type of reporting unit for which this copy of the form is submitted (MARK ONLY ONE BOX).

(1)  Single-establishment Employer Report

Multi-establishment Employer:

(2)  Consolidated Report (Required)

(3)  Headquarters Unit Report (Required)

(4)  Individual Establishment Report (submit one for each es-  
tablishment with 50 or more employees)

(5)  Special Report

2. Total number of reports being filed by this Company (Answer on Consolidated Report only) \_\_\_\_\_

### Section B—COMPANY IDENTIFICATION (To be answered by all employers)

1. Parent Company

a. Name of parent company (owns or controls establishment in item 2) omit if same as label

OFFICE  
USE  
ONLY

Address (Number and street)

a.

City or town

State

ZIP code

b.

c.

2. Establishment for which this report is filed. (Omit if same as label)

a. Name of establishment

d.

Address (Number and street)

City or Town

County

State

ZIP code

e.

b. Employer Identification No. (IRS 9-DIGIT TAX NUMBER)

f.

c. Was an EEO-1 report filed for this establishment last year?  Yes  No

### Section C—EMPLOYERS WHO ARE REQUIRED TO FILE (To be answered by all employers)

Yes  No 1. Does the entire company have at least 100 employees in the payroll period for which you are reporting?

Yes  No 2. Is your company affiliated through common ownership and/or centralized management with other entities in an enterprise with a total employment of 100 or more?

Yes  No 3. Does the company or any of its establishments (a) have 50 or more employees AND (b) is not exempt as provided by 41 CFR 60-1.5, AND either (1) is a prime government contractor or first-tier subcontractor, and has a contract, subcontract, or purchase order amounting to \$50,000 or more, or (2) serves as a depository of Government funds in any amount or is a financial institution which is an issuing and paying agent for U.S. Savings Bonds and Savings Notes?

If the response to question C-3 is yes, please enter your Dun and Bradstreet identification number (if you have one):

NOTE: If the answer is yes to questions 1, 2, or 3, complete the entire form, otherwise skip to Section G.

**Section D—EMPLOYMENT DATA**

Employment at this establishment—Report all permanent full-time and part-time employees including apprentices and on-the-job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered as zeros.

JOB CATEGORIES	NUMBER OF EMPLOYEES										
	OVERALL TOTALS (SUM OF COL. B THRU K)	MALE					FEMALE				
		WHITE (NOT OF HISPANIC ORIGIN)	BLACK (NOT OF HISPANIC ORIGIN)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE	WHITE (NOT OF HISPANIC ORIGIN)	BLACK (NOT OF HISPANIC ORIGIN)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE
A	B	C	D	E	F	G	H	I	J	K	
Officials and Managers	1										
Professionals	2										
Technicians	3										
Sales Workers	4										
Office and Clerical	5										
Craft Workers (Skilled)	6										
Operatives (Semi-Skilled)	7										
Laborers (Unskilled)	8										
Service Workers	9										
<b>TOTAL</b>	10										
Total employment reported in previous EEO-1 report	11										

NOTE: Omit questions 1 and 2 on the Consolidated Report.

1. Date(s) of payroll period used: \_\_\_\_\_ 2. Does this establishment employ apprentices?  
 1  Yes 2  No

**Section E—ESTABLISHMENT INFORMATION (Omit on the Consolidated Report)**

1. What is the major activity of this establishment? (Be specific, i.e., manufacturing steel castings, retail grocer, wholesale plumbing supplies, title insurance, etc. Include the specific type of product or type of service provided, as well as the principal business or industrial activity.)	OFFICE USE ONLY

**Section F—REMARKS**

Use this item to give any identification data appearing on last report which differs from that given above, explain major changes in composition or reporting units and other pertinent information.

**Section G—CERTIFICATION (See Instructions G)**

- Check one  
 1  All reports are accurate and were prepared in accordance with the instructions (check on consolidated only)  
 2  This report is accurate and was prepared in accordance with the instructions.

Name of Certifying Official	Title	Signature	Date
Name of person to contact regarding this report (Type or print)	Address (Number and Street)		
Title	City and State	ZIP Code	Telephone Number (Including Area Code) Extension

All reports and information obtained from individual reports will be kept confidential as required by Section 709(e) of Title VII. WILLFULLY FALSE STATEMENTS ON THIS REPORT ARE PUNISHABLE BY LAW, U. S. CODE, TITLE 18, SECTION 1001.